PTO/SB/06 (12-04) Approved for use through 7/31/2006. OMB 0651-0032 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) BASIC FEE RATE (\$) FEE (\$) (37 CFR 1.16(a), (b), or (c)) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) **EXAMINATION FEE** (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(i)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(h)) minus 3 = X = ¥ = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FEE (37 CFR 1.16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) OR (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT 'RATE (\$) ADDI-RATE (\$) ADDI-**AFTER** PREVIOUSLY **EXTRA** TIONAL MENDMENT TIONAL PAID FOR FEE (\$) FEE (\$) ENDME otal X OR x Independent (37 CFR 1.16(h)) Minus = OR = Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16()) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADDI-RATE (\$) AFTER PREVIOUSLY ADDI-**EXTRA** ENDMENT TIONAL AMENDMENT TIONAL PAID FOR FEE (\$) FEE (\$) Total (37 CFR 1.16(i)) Minus OR Independent (37 CFR 1.16(h)) Minus = OR Application Size Fee (37 CFR 1.16(s))

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(J))

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

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TOTAL

ADD'L FEE

OR

OR

TOTAL

ADD'L FEE